2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2025
Secretary of State
6922605766CC

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Entity Name: APRILE CHIROPRACTIC & MOBILE CHIRO CARE LLC

Current Principal Place of Business:

7423 SE FIDDLEWOOD LN.
HOBE SOUND, FL 33455

Current Mailing Address:

7423 SE FIDDLEWOOD LN.
HOBE SOUND, FL 33455 US

FEI Number: 86-3994695

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APRILE, ROBERT J
7423 SE FIDDLEWOOD LN.
HOBE SOUND, FL 33455 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT J APRILE 03/22/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	APRILE, ROBERT J	Name	APRILE, SHANNAN S
Address	7423 SE FIDDLEWOOD LN.	Address	7423 SE FIDDLEWOOD LN.
City-State-Zip:	HOBE SOUND FL 33455	City-State-Zip:	HOBE SOUND FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J APRILE MEMBER 03/22/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date